

City of Dublin Preschool Program



2016-2017 Required Student File Documentation Packet Checklist

Student Name: _____

Which class is your child registered in?

<input type="checkbox"/> Dublin Preschool at Shannon	<input type="checkbox"/> 3 Yr Old	<input type="checkbox"/> MWF	<input type="checkbox"/> AM
<input type="checkbox"/> Dublin Preschool at Dublin Elementary	<input type="checkbox"/> 4 Yr Old	<input type="checkbox"/> TTh	<input type="checkbox"/> PM
	<input type="checkbox"/> Pre-K	<input type="checkbox"/> MTWTH	

The following documentations are required and must be completed and on file prior to the student being officially accepted into our Preschool Program.

- ☐ **Emergency Information Form** Completed/Signed
- ☐ **Allergy Action Plan** (Must be signed by doctor; required if student has any allergy)
- ☐ **Any medication needed to treat student as described on Emergency form / Allergy Action Plan** (required if noted on Emergency Form / Allergy Action Plan)
- ☐ **All medications prescribed and over the counter must have an RX label from the pediatrician** clearly stating the students name, dosage, expiration date and clear instruction to administer to student (required if noted on Emergency Form / Allergy Action Plan)
- ☐ **Copy of Birth Certificate or Passport**
- ☐ **Copy of Current Immunization Record**
- ☐ **Proof of Residency** (must be a current driver's license, utility bill or mortgage statement ONLY)
- ☐ **Parent Handbook Acknowledgement Slip**
- ☐ **Materials Usage Acknowledgement & Walking Excursion Permission Slip**

Parent Participation Requirement:

- ☐ Live Scan application and volunteer application completed/signed and ready to be submitted to the C.O.D. Police Dept. when fingerprinted- Must be completed 1 month prior to first volunteer date.
- ☐ Name of Parents/Guardians Volunteering in the classroom _____